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A For the 2012 calendar year, or tax year beginning 01-01-2012

As Filed Data -

DLN: 93492200003203

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and

certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

, and ending 12-31-2012

**Inspection** 

Address change Name change Initial return Terminated Amended return Application pending			C Name of organization ILLINOIS COALITION FOR JOBS PAC				tification number	
		-			77-0626			
		-	Number and street (or P O box, if mail is not delivered to street address) Room/sui 220 E ADAMS STREET	te	<b>E</b> Telephon	ne numb	er	
		ated			(630) 368-5300			
			City or town, state or country, and ZIP + 4 SPRINGFIELD, IL 627011123		F Group Exemption Number ►			
	аррисат	ion penaing						
<b>G</b> A	ccoun	iting Method	Cash  Accrual Other (specify) ►	required	If the to attach 9 0,990-E2	Schedu		
		e: 🕨 <u>N/A</u>						
J Ta	x-exen	npt status(check	only one)— 501(c)(3) 501(c)( ) ◀(insert no ) 4947(a)(1) or 527					
norr inst L A c	mally i ruction dd line	not more than ons) But if the es 5b, 6c, and (B) below) are	anization is not a section 509(a)(3) supporting organization or a section \$50,000 A Form 990-EZ or Form 990 return is not required though For organization chooses to file a return, be sure to file a complete return 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 \$500,000 or more, file Form 990 instead of Form 990-EZ	m 990-N (e-	postcard) i if total ass ►\$ 1:	may be ets (Pa	required (see	
		Check if th <b>√</b>	e organization used Schedule O to respond to any question in this Part I					
	1	Contributions	s, gifts, grants, and similar amounts received			1	110	
	2	Program serv	rice revenue including government fees and contracts			2		
	3	Membership	dues and assessments			3	_	
	4	Investment II	ncome			4		
	5a	Gross amoun	t from sale of assets other than inventory	5a				
흴	ь	Less cost or	other basis and sales expenses	5b				
Revenue	c	Gain or (loss)	) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c		
ğ	6	Gaming and f						
	а	Gross income						
	b	Gross income from fundrais						
		sum of such o	gross income and contributions exceeds \$15,000)	6b				
	С	Less direct	expenses from gaming and fundraising events	6c				
	d	Net income o	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					
	7a	Gross sales o	of inventory, less returns and allowances	7a				
	b	Less cost of	goods sold	7b		]		
	c	•	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
	8	O ther revenu	e (describe in Schedule O)			8		
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u> </u>	9	110	
	10		ımılar amounts paıd (lıst ın Schedule O)			10		
	11	Benefits paid	to or for members			11		
ses	12	Salaries, othe	er compensation, and employee benefits			12		
	13	Professional	fees and other payments to independent contractors			13	1,175	
Expenses	14	Occupancy, r	rent, utilities, and maintenance			14		
Ä	15		ications, postage, and shipping			15		
	16		ses (describe in Schedule O)			16		
	17		es. Add lines 10 through 16		•	17	1,175	
<u>9</u>	18	,	eficit) for the year (Subtract line 17 from line 9)			18	-1,065	
Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must agr	ee with				
NetA			igure reported on prior year's return)			19	1,105	
Z	20		es in net assets or fund balances (explain in Schedule O)			20	0	
	21	Net assets or	r fund balances at end of year Combine lines 18 through 20		•	21	40	

Check if the organization used	•	any question in this Pa	art II	<u></u>	<u></u>
		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .			1,105	22	40
23 Land and buildings			·	23	
24 Other assets (describe in Schedule O				24	
25 Total assets			1,105	25	40
<b>26 Total liabilities</b> (describe in Schedule	0)		0	26	(
27 Net assets or fund balances (line 27 o	f column (B) <b>must</b> agree wi	th line 21)	1,105	27	40
Part IIII Statement of Program Check if the organization used	Schedule O to respond to	· · · · · · · · · · · · · · · · · · ·	· —	١,	Expenses equired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt TO SECURE THE FUTURE OF ILLINOIS E OFFICIALS TO DEVELOP, PROMOTE AN CLIMATE IN ILLINOIS	BY EDUCATING AND INFO			49	anizations and section 47(a)(1) trusts, nonal for others)
Describe the organization's program service measured by expenses. In a clear and conbenefited, and other relevant information for	cise manner, describe the r each program title	services provided, the i	number of persons		
<b>28</b> CONDUCT INFORMATION CAMPAIG AND VOTING RECORDS	NS TO INFORM THE PUBI	LIC ABOUT IMPORTA	NT LEGISLATION		
(Grants \$ 0) If the	s amount includes foreign	grants, check here .	▶┌	28a	(
(Grants \$ ) If the	s amount includes foreign	grants, check here .	▶┌	29a	
(Grants \$ ) If the	s amount includes foreign	grants check here	▶┌	20-	
<b>31</b> Other program services (describe in Sc		<u> </u>	· · <b>▶</b> ┌	30a 31a	
32 Total program service expenses (add lin				32	
Part IV List of Officers, Directors, Tru Check if the organization used					
(a) Name and title	<b>(b)</b> A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter-0-)	(d) Health benef contributions t employee benefit p and deferred compensation	o olans,	(e) Estimated amoun of other compensatio
See Additional Data Table					

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	v		<u>[</u> ▽
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C	35b		
c	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
ь	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ▶ <u>DIANNA DONNAKER</u>	<u>(21</u>	7)522-	1240
	Located at 🕨 220 E ADAMS ST SPRINGFIELD, IL ZIP + 4	<u>62</u>	270111	23
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		.,	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U S ?	If "Yes," attach a conformed copy of therwise, explain the change of the		
	If "Yes," enter the name of the foreign country 🕨			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> Г
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Νo
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Νo
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

	(2012)						Page 4
						Yes	No
	organization engage, directly ses for public office? If "Yes,"			ehalf of or in opposition to	L		No
	Section 501(c)(3) orga All section 501(c)(3) orga	<del>-</del>	auestions 47-49h an	d 52, and complete the	table.	for lu	nos 50
a	and 51		•	•		5 101 111	E3 30
	Check if the organization used	Schedule O to respond to	o any question in this P	art VI		Yes	l No
				<u> </u>			
	organization engage in lobbyii Complete Schedule C, Part I		tion 501(h) election in		. 47		
<b>18</b> Is the or	ganızatıon a school as descr	ibed in section 170(b)(1)(	A)(11)? If "Yes," comple	te Schedule E .	. 48		
<b>19a</b> Did the o	organization make any transfe	ers to an exempt non-char	itable related organizat	ıon?	. 49a		
<b>b</b> If "Yes,"	was the related organization	a section 527 organization	on?		. 49b		
	e this table for the organizati						
	es) who each received more to title of each employee paid	( <b>b)</b> A verage	(c) Reportable	ation If there is none, ente			amount
. ,	re than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employee benefit plans, and deferred			ensation
				compensation			
<b>f</b> Total n	umber of other employees pa	ıd over \$100,000 .			▶		
	e this table for the organizati ensation from the organization			actors who each received	more th	an \$10	0,000
(a) Name	e and address of each indepe	ndent contractor paid mor	e than \$100,000	<b>(b)</b> Type of service	(c) (	ompen	sation
<b>d</b> Total n	number of other independent o	ontractors each receiving	over\$100,000				
52 Did the	e organization complete Sche	edule A? <b>NOTE:</b> All Section	n 501(c)(3) organization	ns and 4947(a)(1)			
52 Did the		edule A? <b>NOTE:</b> All Section	n 501(c)(3) organization	ns and 4947(a)(1)	<b>-</b>	Г <b>Y</b> e:	 s
Did the nonexe	e organization complete Sche	edule A? <b>NOTE:</b> All Section attach a completed Sched	n 501(c)(3) organization ule A	ns and 4947(a)(1)		est of my	,
Did the nonexe	e organization complete Sche empt charitable trusts must a s of perjury, I declare that I hav belief, it is true, correct, and co	edule A? <b>NOTE:</b> All Section attach a completed Sched	n 501(c)(3) organization ule A	ns and 4947(a)(1)  Edules and statements, and to be a seed on all information of the seed on the seed of the seed on the seed of the seed on the seed of the seed on the seed of the seed on		est of my	,
nder penalties nowledge and nowledge.	e organization complete Sche empt charitable trusts must a s of perjury, I declare that I hav	edule A? <b>NOTE:</b> All Section attach a completed Sched	n 501(c)(3) organization ule A	ns and 4947(a)(1)		est of my	,
nder penalties nowledge and nowledge.	e organization complete Sche empt charitable trusts must a s of perjury, I declare that I hav belief, it is true, correct, and co	edule A? <b>NOTE:</b> All Section attach a completed Sched	n 501(c)(3) organization ule A	edules and statements, and to be based on all information of 2013-07-16		est of my	,
nder penalties nowledge and nowledge.	e organization complete Sche empt charitable trusts must a sof perjury, I declare that I hav belief, it is true, correct, and co	edule A? <b>NOTE:</b> All Section attach a completed Schedule examined this return, including the property of the p	n 501(c)(3) organization ule A	and 4947(a)(1)  adules and statements, and to is based on all information of the determinant of the determin	f which	est of my	,
nder penalties nowledge and nowledge.	e organization complete Sche empt charitable trusts must a s of perjury, I declare that I hav belief, it is true, correct, and co ****** Signature of officer  GREG BAISE TREASURER Type or print name and title	edule A? <b>NOTE:</b> All Section attach a completed Scheding examined this return, including property of prepareties and prepareties are supported by the property of the property	n 501(c)(3) organization ule A	and 4947(a)(1)  adules and statements, and the statements of the statement of the statements of the statements of the statement of the state	of which	est of my	,
nder penalties nowledge and nowledge.	e organization complete Sche empt charitable trusts must a sof perjury, I declare that I hav belief, it is true, correct, and co  ****** Signature of officer  GREG BAISE TREASURER Type or print name and title  Print/Type preparer's name	Preparer's signature DAVID R SIEHOFF	n 501(c)(3) organization ule A	and 4947(a)(1)  columns and 4947(a)(1)  columns and statements, and the statements of the statement of	75845 665	est of my	,

## **TY 2012 Transfers Personal Benefits Contracts Declaration**

Name: ILLINOIS COALITION FOR JOBS PAC

**EIN:** 77-0626471

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.

## **Additional Data**

Software ID: Software Version:

**EIN:** 77-0626471

Name: ILLINOIS COALITION FOR JOBS PAC

## Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount  of other compensation
GREGORY BAISE IL MANUFACTURERS' AS TREASURER	5 00	0	0	0
RONALD J GIDWITZ GCG PARTNERS PRESIDENT	3 00	0	0	0
JEFF MAYS IL BUSINESS ROUNDTABLE VICE PRESIDENT	3 00	0	0	0
ED MURNANE IL CIVIL JUSTICE LEAGUE DIRECTOR	3 00	0	0	0
GERALD ROPER CHICAGOLAND CHAMBER SECRETARY	3 00	0	0	0
DOUGLAS WHITLEY IL ST CHMR OF CMM DIRECTOR	3 00	0	0	0